



Dan Bucks
Director

Montana Department of Revenue

RECEIVED

DEC 08 2008



Brian Schweitzer
Governor

December 3, 2008

Ravalli County Commissioners

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RE: Application for Transfer of Location of Montana Domestic Winery License No. 97-999-W279-260, HIDDEN LEGEND WINERY (formerly Trapper Creek Winery, 310 N 4th Street, Ste. F, Hamilton), 1345 US Hwy 93 North, #5, Victor, Ravalli County, Montana

NEWLY LICENSED PREMISES

The above referenced application was received at the Department of Revenue, Liquor Licensing. Notice is being provided to you to give you an opportunity to advise if the applicant and premises meet all the laws and ordinances your office is responsible for regulating. We will be happy to provide any additional information that is needed.

Local laws are not enforced through the alcoholic beverage licensing process; however, if there are local laws affected by this application, compliance with those laws may influence the final determination to issue the license.

This is an application for a new premises; a premises not currently licensed for the manufacture and consumption of alcohol. Building, health and fire approval will be required before department approval will be considered. If any agency determines deficiencies exist that should be considered in the issuance of this license, please advise this office in writing by January 2, 2009. If we receive a determination of a local deficiency, the license application process cannot be completed until the issue is cleared up at the local level. In addition, if we receive a written protest against the issuance of this license, a public hearing will be scheduled.

If you have questions regarding this or any other licensing matter, please feel free to contact me at (406) 444-0712.

Sincerely,

Shawna M. Hoaglen
Compliance Specialist
Department of Revenue
Liquor Licensing
P O Box 1712
Helena MT 59624-1712

c: Annette Rinehart, Department of Labor & Industry

CERTIFICATE OF SERVICE

I certify that on this 3rd day of December, 2008, a true and correct copy of the foregoing has been served by placing same in the United States mail, postage prepaid, and addressed as follows:

RAVALLI COUNTY COMMISSIONERS
COURTHOUSE
205 BEDFORD ST #5001
HAMILTON MT 59840

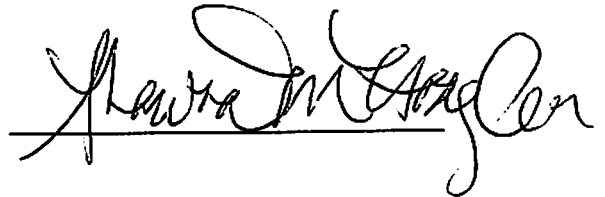
RAVALLI COUNTY ATTORNEY
GEORGE CORN
COURTHOUSE
205 BEDFORD ST. #5008
HAMILTON MT 59840

RAVALLI COUNTY SANITARIAN
215 S 4TH ST STE D
HAMILTON MT 59840

RAVALLI COUNTY SHERIFF
PERRY JOHNSON
205 BEDFORD ST #5022
HAMILTON MT 59840

ADMINISTRATIVE ASSISTANT
FIRE PREVENTION AND INVESTIGATION BUREAU
303 NORTH ROBERTS BOX 201415
HELENA MT 59620-1417

KEITH FLETCHER, SUPERVISOR
BUILDING STANDARDS SECTION
BUILDING CODES SECTION
PO BOX 200517
HELENA MT 59620-0517

A handwritten signature in dark ink, appearing to read "Laura M. Anderson", is written over a horizontal line.



Montana Department of
REVENUE

Domestic Winery

Return to:
Montana Department of Revenue
Liquor Licensing
P.O. Box 1712
Helena, MT 59604-1712

MONTANA
DWL
Rev. 9-04

Check appropriate boxes:

1. Business Entity

- ☐ Individual
☒ Corporation
☐ Other

2. Transaction

- ☐ New license
☒ Transfer
☐ Ownership
☒ Location

New license fee \$400.00
Processing fee \$100.00

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If transfer list license DEPARTMENT OF REVENUE

General Information

1. Business/Trade Name HIDDEN LEGEND WINERY
Mailing Address 1345 US HWY 93 NORTH #5
City, State, Zip VICTOR, MT 59875
Physical Address SAME ABOVE

2. Name of Applicant/Owner(s) GOOD FOUNDATIONS INC, 10% ± SHAREHOLDERS: KEN SCHULTZ, LISA SCHULTZ, PATRICK SCHULTZ, JOSEPH SCHULTZ
Name of Contact Person KEN SCHULTZ Federal Tax I.D. No. [REDACTED]
Business Telephone 406 363 6323 Fax No. 406 375 2353

- If Individual list individual's name above.
- If Other ...
 - If more than one individual, list all individuals' names and indicate if license will be held as Joint Tenants with Rights of Survivorship _____ or as Tenants in Common _____
 - If partnership, list partnership name above then, individual partners' names and provide copy of the partnership's Certificate of Limited Partnership, Certificate of Fact, or Certificate of Registration and a copy of partnership agreement.
 - If LLC or LLP, list LLC/LLP name above then, all members' names and provide a copy of the Certificate of Fact.

➤ If corporation, answer the following:

Officers/Directors of Corporation

Name	Title	Phone
<u>KEN SCHULTZ</u>	<u>PRESIDENT</u>	<u>406 363 6323</u>
<u>JOE SCHULTZ</u>	<u>VICE PRESIDENT</u>	<u>406 240 0500</u>
<u>LISA SCHULTZ</u>	<u>SEC/TREAS</u>	<u>406 363 6323</u>

List all Stockholders

(If corporation is on national exchange, list only those holding 10% or more of the corporate stock)

Name	Title	Address	No. of Shares
<u>SEE ATTACHED</u>			

- Please provide copies of stock certificates, share certificate record, articles of incorporation, corporate balance sheet, stock purchase agreement, minutes approving purchase of license and a current copy of your Certificate of Existence (issued within the last six months).
- Attach original personal history statement, fingerprint card and authorization for release of information forms for each individual, each partner, each 10% stockholder, or each member of LLC.

3. Is the premises within any defined zones where the sale of alcoholic beverages is prohibited by city/county ordinances?
☐ Yes ☒ No
4. Do you own or are you purchasing the building proposed for licensing? ☐ Yes ☒ No
 If no, please provide a current or proposed lease or rental agreement.
 If yes, please provide proof of ownership (proposed or current purchase agreement or current tax statement)
5. Do you own the furniture, fixtures and equipment contained on the premises? ☒ Yes ☐ No
6. Do you or any other applicant have any ownership interest in any retail or wholesaler license in Montana?
☐ Yes ☒ No
 If yes, list names and license numbers _____
7. Do you or any other applicant have any ownership in an agency liquor store? ☐ Yes ☒ No
 If yes, list store number and address _____
8. Are all applicants at least age 19? ☒ Yes ☐ No
9. Premise is ready for occupancy. ☒ Yes ☐ No
 If no, give date of anticipated occupancy _____
10. Submit copy of current floor plan of licensed premises including exterior dimensions and general layout, preferably on an 8 1/2 X 11 sheet of paper. Please indicate on floor plan where tasting room will be located and all areas where consumption of alcohol will occur.
11. Provide a copy of the basic permit from the U.S. Tax and Trade Bureau.
12. List all brands and sizes of wine which will be sold in Montana. Include copy (ies) of Federal Label Approvals currently used on all products to be sold in Montana with application. (attach additional sheet if necessary)

SEE ATTACHED

13. Please furnish the following information concerning the distributors of your products in Montana:
 (Attach additional sheet if necessary)

Names of Distributors/Address

Brands and Sizes

County (ies) Served

SEE ATTACHED

14. Do you agree to furnish monthly reports to the Montana Department of Revenue concerning the quantity of wine and prices of table wine shipped within the state as well as names and address of consignees?
☒ Yes ☐ No

Note: Section 16-4-402 (3) MCA, provides "Upon proof that any applicant made false statement in any part of the application, the application for license may be denied, and if issued, the license may be revoked." If the applicant is successful in obtaining a license, the applicant must abide by all laws and rules for that licensing period. Application must be signed by all individuals, partners or members or LLC. In the case of a corporate applicant it may be signed by one member, with authority to sign and state their title:

KEN SCHULTZ

8 OCT 2008

Signature

Date

KEN SCHULTZ

PRESIDENT

Printed Name

Title

Signature

Date

Printed Name

Title

Signature

Date

Printed Name

Title

Signature

Date

Printed Name

Title

